

Montana Office of Vital Records Newsletter

Office of Vital Records Staff

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You can find copies of earlier newsletters at our website:

<http://dphhs.mt.gov/publichealth/Epidemiology/OESS-VS#223953339-registrars-newsletters>

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Four States Working with the CDC's Pregnancy Checkbox Quality Assurance Project

In the September 2015 issue of the *Montana Office of Vital Records Newsletter*, we discussed some of the challenges in assessing maternal mortality through the death certificate's pregnancy checkbox. It turns out, other states are reporting similar issues with the checkbox. In response, the Centers for Disease Control and Prevention's Maternal and Child Health Epidemiology Program (MCHEP) started a quality assurance project examining this issue with state vital record agencies in Georgia, Louisiana, Michigan, and Ohio.

The goals of the quality improvement project are to find and address errors in a timely manner, evaluate the impact of miscoded death certificates, and to offer sustainable solutions to improve the identification of maternal deaths. The pregnancy checkbox is an important part of the maternal death surveillance system and its accuracy helps identify and develop appropriate policies and prevention activities.

While the results of the one-year project are preliminary, early findings indicate that about 33% of female decedents who were marked as pregnant were, in fact, not pregnant. This is somewhat higher than the 20% false positive rate we initially reported last year but close enough to suggest that the magnitude of the problem is similar among other states.

The maternal mortality rate has been steadily increasing in the United States for the past 15 years. Most of the increase is attributed to better ascertainment through the pregnancy checkbox on the death certificate, although some of the increase is likely due to falsely marking a female decedent as pregnant.

Your continuing effort in accurately completing the pregnancy checkbox helps local Fetal, Infant, Child, and Maternal Mortality Review Teams dedicate more of their time to investigating and implementing prevention activities on valid maternal deaths.

We will continue to provide you with updates on the MCHEP quality assurance project and offer recommendations for improving ascertainment of maternal deaths in Montana.

Meet the new Vital Statistics Epidemiologist



Matthew Ringel, M.P.H., joined the Montana Department of Public Health and Human Services on November 28, 2016. He is working within the Office of Epidemiology and Scientific Support as the Vital Statistics Epidemiologist. Matthew moved to Montana from Michigan earlier in November.

Matthew graduated from Hope College in 2014, where he earned a Bachelor of Science in Biochemistry and Molecular Biology with a minor in Mathematics. Matthew was part of the National Genomics Research Initiative during his freshman year at Hope College, where he and other classmates isolated mycobacteriophages and annotated the DNA of one of the isolated mycobacteriophages.

During his senior year at Hope College, Matthew researched the interaction between the enzyme GGTase-I and the peptide TKCLIV. He then presented these results at the Thirteenth Annual Celebration of Undergraduate Research and received a Sigma Xi Senior Research Award.

During the summers between his years at Hope College, Matthew volunteered as a summer camp counselor at Camp Barakel, where he had the opportunity to teach and mentor young children and teenagers while in a beautiful outdoor setting. Matthew has been camping at Camp Barakel with his family since he was a child and was glad to have the opportunity to give back in this way.

Matthew graduated from Emory University Rollins School of Public Health in 2016, where he earned a Master of Public Health in Epidemiology. At the end of his time at Rollins, Matthew wrote a thesis titled "Vitamin A Intake and Risk of Incident, Sporadic Colorectal Adenoma". It can be downloaded in its entirety from Emory University's website.

While studying public health in Atlanta, Matthew worked part time at the Centers for Disease Control and Prevention. He was in the Office of Public Health Genomics and contributed to the Public Health Genomics Knowledge Base. He began this position as a volunteer after taking a course at Emory titled "Human Genome Epidemiology" and developing a strong interest in the field. He was later offered part time employment beginning in 2015 and ending in 2016 prior to his graduation from Emory.

Matthew's interests outside of public health include running, playing board games, and traveling around the country. He has been to 41 states and would like to visit the other nine in the future. His favorite movie series is Star Wars, and his favorite television series is The Last Ship.

Notaries who Notarize Paternity Acknowledgements

We have some new information for you. Recently, we updated the Paternity Acknowledgement form in the VSIMS system. The form now requires the verification of ID for both mother and father signing the Paternity Acknowledgement. We have continued to see incorrect notarization on the form itself. For example, a notary not putting the mother or father's name whose signature they notarized, a notary not putting their stamp on the form, and lastly getting a copy of the Paternity Acknowledgement sent to our office, when in fact, we need the original. We appreciate you gathering the information and helping the parents by notarizing their signatures, but please continue to help the parents get the information they need in a timely manner.

If we receive Paternity Acknowledgement forms that are not notarized properly we are obligated to return them to the hospital of origin to be completed correctly. Also, we track the names of the notaries that are not following the notary laws of Montana and if there is someone that has done the notary portion incorrectly on 2 different forms we forward their name to the Secretary of State's office, which can result in loss of notary privileges.

Please take the extra second to review the Paternity Acknowledgement forms to make sure they are filled out in their entirety and correctly. This helps the parents to be able to get a copy of the birth certificate as quickly as possible.

Thank you for your hard work.

Birth Registration Gold Star for Excellence Recipients

The state average for on-time registration in the third quarter of 2016 was 92%. The following facilities received birth registration Gold Stars for Excellence for the third quarter: 92% or more of their births were registered within 10 days.

*Indicates 100% on-time filing



Anaconda Community Hospital
Barrett Hospital *
Billings Clinic
Bozeman Deaconess Hospital
Cabinet Peaks Medical Center *
Central Montana Hospital *
Clark Fork Valley Hospital
Frances Mahon Deaconess *
Glendive Medical Center *
Great Falls Family Birth Center
Holy Rosary Healthcare *
Kalispell Regional Medical Center
Livingston Memorial Hospital
Marcus Daly Memorial Hospital

Marias Medical Center *
Missoula Birth Center
Missoula Community Medical Center
North Valley Hospital
Northern Montana Hospital
Northern Rockies Medical Center
Sidney Health Center *
St. James Healthcare
St. Joseph Hospital
St. Luke Community Hospital
St. Vincent Healthcare *

Out-of-Hospital Births in Montana, 2003-2015

Out-of-hospital births have been steadily increasing in both Montana and the United States for the past decade. In 2015, the percentage of out-of-hospital births occurring in Montana was 4.1% compared to the US proportion of 1.5% in 2014. Montana, the Pacific Northwest, Alaska, and Pennsylvania all report rates of out-of-hospital births that are two or more times that of the United States.

The last two revisions of the Montana birth certificate contained checkboxes to indicate where the birth occurred (i.e., hospital, free standing birthing center, clinic/doctors office, home, or other). In 2008, the birth certificates added additional checkboxes to ask whether the home birth was intended or not. To enable direct comparisons between the different versions of the birth certificate, all home births—regardless of intention—were classified as a home birth.

When examining out-of-hospital births by race of the birth mother, white mothers give birth outside of the hospital more than four-times as often as American Indian mothers.

Between 2003 and 2015, 2.1% of out-of-hospital births were to teens compared to 9.2% of hospital births. A larger proportion, 18.4%, of out-of-hospital births were to mothers ages 35 and older compared to 11.4% of hospital births. The percentage of out-of-hospital births with identified risk factors (preterm, low birth weight, or multiple birth) was lower compared to hospital births during the study period.

The increase in out-of-hospital births is being driven by the increase in Mothers electing to deliver at birthing centers. This appears to be national trend with respect to birthing centers rather than increases in home births. Changes to insurance coverage, the passage of the Patient Protection and Affordable Care Act, and the formalization of a birth center model of care and accreditation process, are all likely contributing to this increase.

Overall, out-of-hospital births occurred in patients with lower risk factors—fewer teen births, preterm births, low-birthweight, or multiple births. This seems to suggest that birthing centers are fulfilling their role in providing quality maternal care to low-risk mothers.

